

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808) 586-2727



**RESTATED CERTIFICATE OF LIMITED PARTNERSHIP**

(Section 425E-202, Hawaii Revised Statutes)

*PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK*

The undersigned, in accordance with the provisions of Chapter 425E, Hawaii Revised Statutes, certifies as follows:

1. The partnership is (check one): ☐ Domestic Limited Partnership  
☐ Domestic Limited Liability Limited Partnership

2. The name of the partnership is:

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3. The attached Restated Certificate of Limited Partnership correctly sets forth, without change, the corresponding provisions of the Certificate of Limited Partnership as heretofore amended and supersedes the original Certificate of Limited Partnership and all amendments thereto.

I/we certify, under the penalties set forth in Sections 425E-208, Hawaii Revised Statutes, that I/we have read the above statements, that the same are true and correct and that a majority of the general partners have agreed to the restatement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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(Type/Print Name of General Partner)

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(Signature of General Partner)

SEE INSTRUCTIONS ON REVERSE SIDE. The certificate must be signed by at least one general partner.

**Instructions:** Certificate must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original certificate together with the appropriate fee.

The certificate must be signed and certified by at least one general partner. If partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is another **partnership**, a general partner must sign on behalf of the other partnership. If partner is a **LLC**, must be signed by a manager of a manager-managed company or by a member of a member-managed company. If partner is a **LLP**, must be signed by a partner.

- Line 1. Check the appropriate box.
- Line 2. State the full name of the partnership.
- Line 3. Attach the Restated Certificate of Limited Partnership. Attachment must be typewritten or printed in black ink on 8-1/2 x 11 white, bond paper, printed only on one side.

**Filing Fees:** **Filing fee (\$10.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge).

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: [breg@dcca.hawaii.gov](mailto:breg@dcca.hawaii.gov)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**